

FROM TREXLER ETAL.

(THU) 11. 10' 05 14:53/ST. 14:53/NO. 4860347132 P 1

TREXLER, BUSHNELL, GIANGIORGI, BLACKSTONE & MARR, LTD.

RECEIVED
CENTRAL FAX CENTER

NOV 10 2005

RICHARD K. TREXLER (1906-1993)
RICHARD BUSHNELL (1926-2004)
RICHARD A. GIANGIORGI
RAIFORD A. BLACKSTONE, JR.
DAVID J. MARR
LINDA L. PALOMAR
JAMES R. FOLEY
ROBERT J. DEPKT.
JAMES A. O'MALLEY
TIMOTHY M. MCCARTHY
PAIGE A. KITZINGER

COUNSELORS AT LAW
THE CLARK ADAMS BUILDING
105 WEST ADAMS STREET, SUITE 3600
CHICAGO, ILLINOIS 60603-6210
(312) 704-1890

FOUNDED 1890

PATENT, TRADEMARK, COPYRIGHT
AND RELATED MATTERS; ALL PHASES
INCLUDING LICENSING AND LITIGATION

FAX: (312) 704-8023
www.trexlaw.com

FACSIMILE TRANSMISSION

LEWIST, STEADMAN, SR.

OF COUNSEL
TOTAL PAGES (Including Cover Page) 14 DATE: November 10, 2005

Commissioner of Patents and Trademarks

TO: Examiner Corcy D. Mack FROM: Raiford A. Blackstone, Reg. No. 25,156

FAX NO: (571) 273-8300 FAX NO: (312) 704-8023

If you experience any difficulty with this transmission, please call (312) 704-1890 for assistance.

ORIGINAL COPY AND ENCLOSURES

 WILL BE SENT BY MAIL COURIER
 ✓ WILL NOT BE SENT

NOTES:

Inventor: Smith and Leonard
For: RESPIRATORY HUMIDIFICATION
SYSTEM
Serial No.: 10/057,677
Filed: January 25, 2002
Art Unit: 2855
Atty Docket No.: 1171/40038/110

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office to fax number (571) 273-8300 on November 10, 2005.

Jeffery E. Sexton
Jeffery E. Sexton

IMPORTANT NOTICE

This transmission (including all attached pages) is intended only for the use of the named addressee(s), and may contain information that is privileged or exempt from disclosure under applicable law. **IF YOU ARE NOT A NAMED ADDRESSEE, YOU ARE HEREBY NOTIFIED THAT ANY USE, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS TRANSMISSION IS STRICTLY PROHIBITED.** If you have received this transmission in error, please destroy all copies and notify us immediately at this telephone number: (312) 704-1890.

BEST AVAILABLE COPY

RECEIVED
CENTRAL FAX CENTER

Case Docket No. 1171/40038/110

In re application of: Smith and Leonard
Serial No.: 10/057,677
Filed: January 25, 2002
For: RESPIRATORY HUMIDIFICATION SYSTEM

NOV 10 2005

CERTIFICATION OF FACSIMILE TRANSMISSION	
I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office to fax number (571) 273-8300 on:	
November 10, 2005	
Date	
Tiffany E. Sexon	
Tiffany E. Sexon	

MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an "AMENDMENT" for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 27	MINUS	** 29	0
INDEP.	* 1	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY

Rate	Addit. Fee
x 25 =	\$.00
x 100 =	\$.00
+ 180 =	\$.00
TOTAL ADDIT. FEE	\$.00

OTHER THAN A SMALL ENTITY

Rate	Addit. Fee
x 50 =	\$.00
x 200 =	\$.00
+ 300 =	\$.00
TOTAL	\$.00

OR

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.
☐ A check in the amount of _____ to cover the filing fee is also enclosed.
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
☒ Any patent application processing fees under 37 CFR 1.17.

Dated: 11/10/05

Raiford A. Blackstone, Jr. Reg. No. 25,156
Linda L. Palomar, Reg. No. 37,903
Attorneys of Record

In re application of: Smith and Leonard
Serial No.: 10/057,677
Filed: January 25, 2002
For: RESPIRATORY HUMIDIFICATION SYSTEM

CERTIFICATION OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office to fax number (571) 273-8300 on: <u>November 10, 2005</u> Date <u>Tiffany E. Sexton</u> Tiffany E. Sexton

MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an "AMENDMENT" for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 27	MINUS	** 29	0
INDEP.	* 1	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Rate	Addl. Fee		Rate	Addl. Fee
x 25 =	\$.00		x 50 =	\$.00
x 100 =	\$.00		x 210 =	\$.00
x 180 =	\$.00		+ 300 =	\$.00
TOTAL ADDIT. FEE	\$.00	OR	TOTAL	\$.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.
☐ A check in the amount of _____ to cover the filing fee is also enclosed.
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
☒ Any patent application processing fees under 37 CFR 1.17.

Dated: 11/10/05

Raiford A. Blackstone, Jr. Reg. No. 25,156
Linda L. Palomar, Reg. No. 37,903
Attorneys of Record

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICEPATENT
RECEIVED
CENTRAL FAX CENTER

Serial No.: 10/057,677)
Applicant: Smith and Leonard)
Filed: January 25, 2002)
For: RESPIRATORY)
HUMIDIFICATION SYSTEM)
Examiner: COREY D. MACK)
Art Unit: 2855)
Attorney Docket No.:)
1171/40038/110)

NOV 10 2005

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the
Patent and Trademark Office to facsimile No. 1-571-273-8300 on:November 10, 2005
DateTiffany E. Sexton
Tiffany E. SextonAMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated August 11, 2005, having a shortened statutory
period for response set to expire on November 11, 2005, kindly amend the above-identified
patent application as follows:

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ BLACK BORDERS
- ☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES
- ☐ FADED TEXT OR DRAWING
- ☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING
- ☐ SKEWED/SLANTED IMAGES
- ☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS
- ☐ GRAY SCALE DOCUMENTS
- ☐ LINES OR MARKS ON ORIGINAL DOCUMENT
- ☒ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY
- ☐ OTHER: _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.